

Division of Public Health

Agreement Addendum

FY 12-13

MASTER

Local Health Department Legal Name

EPI/Communicable Disease

DPH Section/Branch Name

554 TB Medical Services

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06/01/2012 - 05/31/2013

07/01/2012 - 06/30/2013

Original Agreement Addendum

Agreement Addendum Revision # _____ (Please do not put the Aid to County BE revision # here.)

I. Background:

Tuberculosis (TB) maintains a grim historical notoriety as one of the leading infectious causes of death in North Carolina. TB is preventable and in most cases curable. Medical treatment of persons with latent TB infection (LTBI) can prevent subsequent development of active TB disease. TB disease can usually be cured with appropriate regimens of medication.

Since 1980, the number of new cases has declined, on average, almost 5% per year in North Carolina. TB incidence in North Carolina decreased 21% between 2006 and 2010, down from 374 cases to 296 cases. The overall downturn is directly attributable to the resources used to strengthen the TB Program in North Carolina.

The ultimate goal of the North Carolina TB Program is to eliminate tuberculosis disease as a public health threat by reducing the number of new cases of TB and by controlling the spread of TB into the general population. This can only be accomplished by using correct TB drugs to treat active cases and to provide

Health Director Signature (use blue ink)

Date

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: _____ Phone number with area code: _____ Email address: _____
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Signature on this page signifies you have read and accepted all pages of this document.

proper TB case management. The TB Program will move closer to our goal by assisting local health departments in providing TB patients with medical care from local physicians that have expertise in treating pulmonary and extra pulmonary tuberculosis, including multi drug resistant TB.

II. Purpose:

The TB Program provides this funding through North Carolina state appropriations specifically for the purpose of maintaining TB medical services. This funding enables local health departments to employ local physicians capable of providing and maintaining medically appropriate care to TB patients. The financial aid directed to North Carolina counties stipulates that contracted physicians must agree to manage patients in accordance with NC State TB Program policies and procedures.

III. Scope of Work and Deliverables:

Physicians that are contracted by the local health departments provide medical services throughout the service period to members of the community. The target population for receiving these TB medical services is any persons residing either temporarily or permanently in North Carolina. Medical services may be delivered through the local health department provider or by private practitioners through a variety of media including, but not limited to office or clinic visit, telephone consultation, fax, email or telemedicine services.

All contracted physicians must provide TB medical services that are:

- a. consistent with acceptable medical practice standards in the physician's community.
- b. consistent with North Carolina TB Control policies contained in the TB Manual.
- c. consistent with the recommendations found in the American Thoracic Society's Treatment of Tuberculosis.

All contracted physicians must agree to:

- a. consult with other community physicians who request consultation
- b. counsel physicians who prescribe outside the treatment protocols recommended by the North Carolina TB Program.
- c. document participation in TB related education annually.
- d. meet/consult with the North Carolina TB Medical Director, TB Nurse Consultant, designated Infectious Disease Physicians or TB Medical Advisory Committee members as deemed appropriate and necessary.

IV. Performance Measures/Reporting Requirements:

Contracted Physicians will, at a minimum, show evidence of the following:

- a. Services provided are consistent with acceptable medical practice standards in the physician's community.
- b. Services provided are consistent with North Carolina TB Control policies.

c. Services provided are consistent with the recommendations found in the American Thoracic Society’s treatment of Tuberculosis

d. Consultations are consistently occurring when community physicians either ask for assistance, or when they are prescribing treatment protocols outside of the current recommendations in the TB Control policies and procedures.

e. Consistently participating in TB related education and trainings held during the service period, as well as meeting and/or consulting with the TB Medical Director, designated Infectious Disease Physicians or TB Medical Advisory Committee members as deemed appropriate and necessary.

V. Performance Monitoring and Quality Assurance:

a. The TB Medical Director and other Infectious Disease (ID) Medical faculty members who are TB experts at Duke Medical Center provide medical consultation as needed to all local health department physicians across North Carolina. Pediatric TB consultative expertise is provided through an additional contract with Dr. Amina Ahmed at Carolinas Medical Center.

b. Annual assessments are conducted by the Regional TB Nurse Consultants. The review process covers TB case management, contact investigations, targeted testing data, and completion of treatment of latent TB infection data from the previous year and status review of the current TB caseload. TB case reports are entered into NC Electronic Disease Surveillance System (NC EDSS). Results and findings of individual county assessments are communicated to the county health directors and local TB program staff in the assessment reports. Program successes, deficiencies, and corrective action plans (when necessary) are key components of this report.

c. The contract with individual physicians will be reviewed and renewed annually.

d. The Local Heath Director will furnish to the TB Control Program in the space provided below the name, office location (physical address, mailing address), email address, and office phone and fax numbers of the contractor physician. If the TB contractor physician changes during the contract period (between July 1, 2012 – June 30, 2013), new information will be furnished to the TB Program Education and Training Coordinator at 919-733-7286 (ext 106).

Local Physician Contractor Name: _____

Physician Contractor’s physical address: _____ (Street)

_____ (PO Box)

Email address _____(City and zip code)

_____ (Office # & fax #)

VI. Funding Guidelines or Restrictions: (if applicable)

None known